

WAIVER OF CalWORKs LEARNING DISABILITIES SCREENING AND/OR EVALUATION

Go over this form very carefully with your county worker. Be sure to ask questions about anything you do not understand. If you do not want to be screened or evaluated for learning disabilities at this time, you will be asked to sign this form and be given a copy to keep.

Benefits of a Learning Disabilities Screening and Evaluation

It is very important to screen and evaluate you for possible learning disabilities. If we find you have a learning disability, we will be better able to help you decide what activity is best for you.

Getting a screening and evaluation for learning disabilities can help you find, keep, and advance in a job that is right for you. It can also help you do well in an education or training program. The screening and evaluation can also get you the kind of help and services you will need to meet the Welfare-to-Work rules. You may also be excused from Welfare-to-Work rules because your condition is so severe that it keeps you from regularly working or participating in Welfare-to-Work activities for 32 hours per week for a one-parent assistance unit or 35 hours per week for a two-parent assistance unit.

If You Do Not Want to Be Screened or Evaluated for Learning Disabilities at This Time:

1. You will not get any special treatment because of a learning disability until we know that you have one.
2. You will have to meet the Welfare-to-Work rules like any other person on CalWORKs who does not have a learning disability. If you do not meet the Welfare-to-Work rules, your cash aid and food stamps will be stopped or lowered. You can get them back again if you meet the rules or are excused from them.
3. You may change your mind and ask for a learning disabilities screening and evaluation **at any time**. If you are later found to have a learning disability, the county will get you the help and services you need starting from the date your worker discusses the evaluation findings with you and when you sign a new Welfare-to-Work Plan, if necessary.

I have the right to refuse to sign this form. If I refuse to sign this form, it is the same as having a signed form waiving a learning disability screening and/or evaluation on file. My Welfare-to-Work Plan will not include accommodations for a learning disability.

I have read this form and had it read to me. I understand the information on this form. At this time, I do not want the following (check as appropriate).

☐ Learning Disabilities Screening ☐ Learning Disabilities Evaluation

PRINTED NAME OF PARTICIPANT	SOCIAL SECURITY NUMBER
SIGNED NAME OF PARTICIPANT	DATE